

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-017850**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 157

**FILED MAY 21 1962**

VS 300  
Rev. 4/59

10017

28980

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>QUEEN CITY</u>	
Length of stay in lb <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GRIM-SMITH HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>-</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>WILLIAM</u> Last <u>BROWER</u>		4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 1-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Worker</u>	
11a. BIRTHPLACE (City and state or country) <u>Queen City Mo</u>		11b. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>SHERMAN BROWER</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Haynes</u>	
14. NAME OF HUSBAND OR WIFE <u>VIRGIE BROWER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>6</u>	
17. INFORMANT <u>R.O. Brower, 3908 Norman</u>		Address <u>3908 Norman</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerosis of transverse aorta</u> DUE TO (b) <u>Deau</u> DUE TO (c) <u>6 months</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>-</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>	
20g. COUNTY <u>-</u>		20h. STATE <u>-</u>	
21. I attended the deceased from <u>6.14.57</u> to <u>5.13.62</u> and last saw him alive on <u>5.13.62</u> Death occurred at <u>7:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Nelson T. S. S. M.D.</u>		22b. ADDRESS <u>Kirksville, Mo</u>	
22c. DATE SIGNED <u>5.15.62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 16, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Queen City Mo</u>
24. FUNERAL DIRECTOR <u>Doody Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>May 16, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Pettif</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 22 1962

MILTON T. ENGLISH, M.D.

Permit issued May 13, 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.